

STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED

JUN 22 2009

Washington State
Department of Ecology

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: Division of water right between Applicant and Pacific Northwest Golf Association, Inc.

FOR OFFICE USE ONLY

CHANGE No. CG2-6WC170⁰² WRIA 11

DATE ACCEPTED 6/22/09 BY 11

FEE \$ r REC'D 6/22/09

CHECK No. _____

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME FR/Cal 3 NW Landing, LLC	PHONE NO. ()	FAX NO. ()
ADDRESS 1111 3rd Avenue, Suite 2360		
CITY Seattle	STATE WA	ZIP CODE 98101

CONTACT NAME (IF DIFFERENT FROM ABOVE) Tom McDonald, Cascadia Law Group PLLC	PHONE NO. (360) 786-5057	FAX NO. (360) 786-1835
ADDRESS 606 Columbia Street NW, Suite 212		
CITY Olympia	STATE WA	ZIP CODE 98501

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER 170	RECORDED NAME(S) Weyerhaeuser Company
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Also used and owned by Pacific Northwest Golf Association, Inc., 355 118th Avenue SE, Suite 100, Bellevue, WA 98005.	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

REET 7/6/09 date

FOR OFFICE USE ONLY

APP. NO. 870 PERMIT NO. 765 CERT. NO. 170 CERT. OF CHANGE NO. CG2-6WC170⁰²

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	N W	27	19	1E		

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	1	SE	N W	27	19	1E		
Well	2	SW	SW	27	19	1E		
(SEE ATTACHED SHEET FOR CONTINUATION)								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:
Current well site at golf course. Well sites in Section 33 and 34 are City of DuPont "Hoffman" well sites.

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation and remediation	1,250 gpm	690	Year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation - golf course (PNGA)	800	370	Seasonal
Community supply (FR/Cal 3 NW Landing, LLC)	450	320	Year round

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

See attached sheet.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

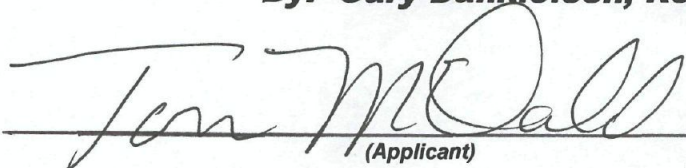
Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

FR/CAL 3 NW LANDING, LLC, a Delaware limited liability company
By: FirstCal Industrial 3, LLC, a Delaware limited liability company,
its sole member
By: FR FirstCal 3, LLC, a Delaware limited liability company, its managing member
By: First Industrial Investment, Inc., a Maryland corporation, its sole member
By: Gary Danklefsen, Regional Director


(Applicant)

as designated agent for this applicant
(Date) 6/11/10

(Water Right Holder)

/ /
(Date)

(Land Owner(s) of Existing Place of Use)

/ /
(Date)

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	3	SE	SW	27	19	1E		
Well	4	SE	NE	33	19	1E		
Well	5	N W	N W	34	19	1E		

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: